Please type a plus sign (+) inside this bo	Please	type	a plus	sian	(+)	inside	this	bo
--	--------	------	--------	------	-----	--------	------	----

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

(37 CFR 1.63)

material server



PTO/SB/01 (12-97)

Approved for use through 9/30/00 OMB 0651-0032

IDT-1616

Jeffrey Lukanc

Filed Herewith

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

COMPLETE IF KNOWN

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Inventor

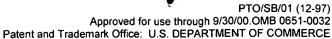
Application Number

unknown unknown al, first and joint inventor (if plural on the invention entitled:				
al, first and joint inventor (if plural				
al, first and joint inventor (if plural				
lication Number or PCT International ecification, including the claims, as CFR 1.56 including for continuation-prior application and the national or pplication(s) for patent or inventor's try other than the United States of on for patent or inventor's certificate, priority is claimed. Certified Copy Attached? YES NO				
B/028 attached hereto:				
isted below.				
Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.				
TO THE TOTAL TOTAL TOTAL TOTAL				

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Anticary



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

I acknown	owledge the en the filing d	duty to d late of the	lisclose infor e prior applic	rmatior cation a	n which is i and the nat	material to ional or Po	pate CT int	ntability ernation	as de al filin	fined g date	in 37 C of this	FR 1.56 v applicatio	which be n.	came a	vailable	
	U.S. Pare	nt Appl	ication or	PCT F	Parent Nu	mber				Filing	g Date YYY)	Pa	rent Pa (if ap	tent Nu plicabl		
N/A																
☐ Ac	ditional U.S.	or PCT in	ternational a	pplicati	on numbers	are listed	on a s	uppleme	ntal pr	iority o	lata she	et PTO/SE	3/028 atta	ched he	reto.	
	amed invento and Tradema				n: Custo OR		oer [27158							s in the	
					Registr	ation	T						A	gistrat		
-	N	ame		-	Num	per	+			Name	·		PATENT 1	Numbe	OFFICE	
. ☐ Ad	ditional regist	ered prac	ctitioner(s) na	med or	n supplemer	ntal Registo	ered P	ractitione	er Info	matio	n sheet	PTO/SB/02	2C attach	ed heret	0.	
₽]	ct all correspo	ondence			Number de Label		27	158		(DR 🗆	Correspo	ndence a	address	below	
Name Addre Addre		E. Eric	Hoffman						_							
Addre			Hoffman & H	larms.	LLP											
Addre			ateway Plac													
City		San Jo						State	C	Α	ZIP	95110-1017				
Count	ry	U.S.			Telephone	+1 (4	108) 4	51-5903			Fax					
l herel believe punish	by declare that ed to be true; able by fine ation or any p	at all state and furth	ner that these onment, or bo	hereir	n of my owr	knowledg	e are	true and	that a	willful	l false s	tatements	and the	like so m	nade are	
Nam	e of Sole	or Firs	t Invento	r:			A pe	etition h	as be	en file	ed for ti	nis unsigi	ned inve	entor		
	Giver	Name (first and mi	ddle (i	f any)					Fam	ily Nam	e or Surr	name			
			Jeffrey	11		1					Lu	kanc				
Inven	tor's Signat	ure	Je	Jon	~ 1	ful						Date			-01	
Resid	lence: City		San Jose	11 <	State	CA		Count	ry		US	Citize	nship		JS	
Post	Office Addre	ess	1450 Calav	eras A	Avenue		-									
Post	Office Addre	ess			T	1		···	— ₁ —					I		
City			San Jose		State	CA		ZIP	Щ.		126	Count			JS	
□ A	dditional inve	entors are	e being name	ed on t	he s	upplemen	tal Ac	ditional	Invent	tor(s) :	sheet(s) PTO/SB/	/02A atta	ched he	reto:	